1040 PILGRIM WAY GREEN BAY 54304

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GREEN BAY 54304 Phone: (920) 499-1481		Ownershi p:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	168	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	168	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	143	Average Daily Census:	141
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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%	
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39. 9
Supp. Home Care-Personal Care	Yes					1 - 4 Years	39. 2
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0. 0	Under 65	0. 7	More Than 4 Years	21. 0
Day Services	No	Mental Illness (Org./Psy)	42. 7	65 - 74	1.4		
Respite Care	No	Mental Illness (Other)	4. 9	75 - 84	38. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	51.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	8.4	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1.4	ĺ	Í	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	1.4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 3	65 & 0ver	99. 3		
Transportati on	No	Cerebrovascul ar	16. 1			RNs	16. 0
Referral Service	No	Di abetes	6. 3	Sex	% j	LPNs	3. 1
Other Services	No	Respi ratory	3. 5		·	Nursing Assistants,	
Provi de Day Programming for	i	Other Medical Conditions	10. 5	Male	25. 9	Aides, & Orderlies	52. 4
Mentally Ill	No i			Femal e	74. 1		
Provi de Day Programming for	i		100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay			amily Care			bnaged Care	l 		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	6	100. 0	298	58	90.6	100	0	0.0	0	66	90. 4	152	0	0.0	0	0	0.0	0	130	90. 9
Intermediate				6	9. 4	83	0	0.0	0	7	9.6	152	0	0.0	0	0	0.0	0	13	9. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	6	100.0		64	100.0		0	0.0		73	100.0		0	0.0		0	0.0		143	100. 0

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	′31/01
beachs builing kepolicing lellou	•	1		9,	6 Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	5. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 9	Bathi ng	0. 0		51. 7	48. 3	143
Other Nursing Homes	11. 9	Dressing	7. 7		53. 1	39. 2	143
Acute Care Hospitals	71. 1	Transferring	13. 3		53. 8	32. 9	143
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 5		55. 2	34. 3	143
Rehabilitation Hospitals	0.0	Eating	32. 2		53. 1	14. 7	143
Other Locations	9.4	**************	******	*******	***********	********	*******
Total Number of Admissions	159	Conti nence		%	Special Treatm		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4. 9	Receiving Re	spi ratory Care	4. 9
Private Home/No Home Health	26. 1	0cc/Freq. Incontinent		61. 5		acheostomy Care	0. 0
Private Home/With Home Health	14. 4	Occ/Freq. Incontinent	t of Bowel	28. 0	Recei vi ng Su		0. 0
Other Nursing Homes	2. 0				Receiving 0s	tomy Care	0. 0
Acute Care Hospitals	5. 2	Mobility			Recei vi ng Tu		0. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	6. 3	Receiving Me	chanically Altered Diets	18. 2
Rehabilitation Hospitals	0.0						
Other Locations	9. 2	Skin Care			Other Resident	Characteri sti cs	
Deaths	43. 1	With Pressure Sores		8. 4	Have Advance	Directives	66. 4
Total Number of Discharges		With Rashes		1.4	Medi cati ons		
(Including Deaths)	153	·			Receiving Ps	ychoactive Drugs	52. 4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This	Ownershi p: Nonprofi t		100	Si ze: - 199	Ski	ensure: lled	All			
	Facility		Peer Group		Peer Group		Peer Group		lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	83. 9	89. 4	0. 94	83. 8	1. 00	84. 3	1. 00	84. 6	0. 99		
Current Residents from In-County	91.6	82. 7	1. 11	84. 9	1. 08	82. 7	1. 11	77. 0	1. 19		
Admissions from In-County, Still Residing	30. 8	25. 4	1. 21	21. 5	1.44	21. 6	1.43	20. 8	1. 48		
Admissions/Average Daily Census	112. 8	117. 0	0. 96	155. 8	0. 72	137. 9	0. 82	128. 9	0. 87		
Discharges/Average Daily Census	108. 5	116.8	0. 93	156. 2	0. 69	139. 0	0. 78	130. 0	0. 83		
Discharges To Private Residence/Average Daily Census	44. 0	42. 1	1.04	61. 3	0. 72	55. 2	0.80	52. 8	0. 83		
Residents Receiving Skilled Care	90. 9	93. 4	0. 97	93. 3	0. 97	91.8	0. 99	85. 3	1. 07		
Residents Aged 65 and Older	99. 3	96. 2	1. 03	92. 7	1. 07	92. 5	1.07	87. 5	1. 14		
Title 19 (Medicaid) Funded Residents	44. 8	57. 0	0. 79	64. 8	0. 69	64. 3	0. 70	68. 7	0. 65		
Private Pay Funded Residents	51. 0	35. 6	1.43	23. 3	2. 19	25. 6	2.00	22. 0	2. 32		
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	1. 2	0.00	7. 6	0. 00		
Mentally Ill Residents	47. 6	37. 4	1. 27	37. 7	1. 26	37. 4	1. 27	33. 8	1. 41		
General Medical Service Residents	10. 5	21.4	0.49	21. 3	0. 49	21. 2	0.49	19. 4	0. 54		
Impaired ADL (Mean)	60. 7	51.7	1. 17	49. 6	1. 22	49. 6	1. 22	49. 3	1. 23		
Psychological Problems	52. 4	52. 8	0. 99	53. 5	0. 98	54. 1	0. 97	51. 9	1. 01		
Nursing Care Required (Mean)	4. 2	6. 4	0. 66	6. 5	0. 65	6. 5	0. 64	7. 3	0. 57		